

# Swings & Smiles - Support, friendship and play for children with special needs and their families.



## Assessment form

To access sessions and support at Swings & Smiles all families are required to complete our assessment form. This will allow us to provide the most suitable level of support for your child and family.

Once we have received your form we aim to respond to you within 5 working days with the outcome of the level of support you will receive.

### Family Details

Child's full name	
Child's date of birth	
Gender	
Ethnicity	
Child's school	
Home address	
County	Postcode
Secondary address (if applicable)	
Parent 1 name	
Contact number	
Email address	
Parent 2 name	
Contact number	
Email address	
Where did you hear about us?	

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## More About Your Child's Special Needs

Description of disability (include whether they have a formal diagnosis. Please provide a supporting letter)	
Does your child require support with personal care/ using the toilet?	
Does your child require support with feeding?	
Does your child have any communication difficulties? Detail any communication aids used	
Does your child have any mobility issues/ physical disabilities?	
Detail any specific medical needs, for example epilepsy	
Does your child display any challenging behaviours? What are the triggers and how does this behaviour present?	
What support networks do you already have in place?	
What else do you access in the wider community?	

## Scaling Questions

Answers will be used to measure impact and do not have bearing on your access to Swings & Smiles

Does your family have opportunities for social interaction?	1 No opportunities; 2 Few opportunities; 3 Some opportunities; 4 Many opportunities
Do you as a family feel isolated?	1 Very isolated; 2 Quite isolated; 3 Not very isolated; 4 Not isolated at all
Do you feel you have enough support for the emotional wellbeing of your family?	1 No support; 2 Limited support; 3 Some support; 4 Lots of support

## Swings & Smiles

A Place to Play, Lower Way, Thatcham, RG19 3RR

[www.swingsandsmiles.co.uk](http://www.swingsandsmiles.co.uk) - 01635285170 - [office@swingsandsmiles.co.uk](mailto:office@swingsandsmiles.co.uk)

Registered charity number 1120598

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## Siblings

Sibling 1: Name and date of birth		
School attended		
Sibling 2: Name and date of birth		
School attended		
Sibling 3: Name and date of birth		
School attended		
Sibling 4: Name and date of birth		
School attended		

## Disclaimers

<b>Photographs</b> - If you are happy for Swings & Smiles to use photos in which your child(ren) appear for publicity and fundraising purposes until further notice please tick the box opposite.	I am happy for my child(ren) to appear in photos: <input type="checkbox"/>
<b>Privacy Policy</b> - Any personal information regarding your family will not be passed on to other organisations unless it is of a safeguarding nature, in which case information will be shared with the appropriate agencies. Sometimes non-identifiable and general information regarding usage of our services may be shared with funders. We will store all personal information securely and only authorised staff will have access. The privacy policy may be updated from time to time and the full policy is available on our website or by request. Please tick to acknowledge you	I have read this statement: <input type="checkbox"/>
<b>Use of your information</b> - We will keep the information you have provided on file for six years following your last contact with Swings & Smiles. You can ask us to delete this information at any time. If you would like to keep updated about Swings & Smiles, for example what we're doing at the centre, upcoming events and fundraising opportunities, please opt-in to your preferred method. You can opt-out	(Tick all that apply) Contact by email: <input type="checkbox"/> Contact by phone: <input type="checkbox"/> Contact by post: <input type="checkbox"/>

Signed: .....

Date: .....

For office use only:

Input date.....

Membership level.....

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